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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/557,833	11/22/2005	Jake Barralet	063511-9079-00	8270
	7590 04/21/200 ST & FRIEDRICH LL		EXAM	IINER
100 E WISCON Suite 3300	ISIN AVENUE	WOOD, ELIZABETH D		
MILWAUKEE, WI 53202			ART UNIT	PAPER NUMBER
			1793	
			MAIL DATE	DELIVERY MODE
			04/21/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)	
Interview Summary	10/557,833	BARRALET ET A	AL.
merview Summary	Examiner	Art Unit	
	Elizabeth D. Wood	1793	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Elizabeth D. Wood</u> .	(3)		
(2) <u>Lindsay Heller</u> .	(4)		
Date of Interview: <u>15 April 2008</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	r)∏ applicant's representative]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>all</u> .			
Identification of prior art discussed: <u>N/A</u> .			
Agreement with respect to the claims f)☐ was reached. g)∏ was not reached. h)∏ N	/A.	
Substance of Interview including description of the general reached, or any other comments: <u>discussed language to ob</u>		if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached.	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTIFILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, V	been filed, APPI 'DAYS FROM T WHICHEVER IS	LICANT IS HIS
	/Elizabeth D. Wood/ Primary Examiner, Art Unit 17	.03	
	Examiner's signature, if requir		